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EDITED BY KHALIDA ISMAIL

The continuing story of *dhat* syndrome

Sumathipala *et al* (2004) raise an important argument regarding culture-bound syndromes. We agree that *dhat*, although considered an exotic neurosis of the orient, is a symptom that has been observed worldwide. The use of the term 'syndrome' cannot be justified in this case. We see it more as a mere symptom of common disorders like depression, anxiety and somatisation. Mumford (1996) argued that *dhat* should be primarily regarded not as the focus of a culture-bound syndrome but as a culturally determined symptom associated with depression.

It has been stated by Kuruppuarachchi & Williams (2001) that in Sri Lanka somatic complaints override the more recognised presenting symptoms appearing in the diagnostic criteria for conditions such as depression. The language used facilitates this as the vocabulary does not promote expression of symptoms like low mood.

It is our belief that 'semen loss anxiety' too is a form of communicating distress seen in those with these conditions.

We would also like to highlight the fact that the current classification systems such as ICD–10 (World Health Organization, 1992) and DSM–IV (American Psychiatric Association, 1994) do not give clear operational guidelines to come to a proper diagnosis of culture-bound syndromes. As a result, many clinicians tend to make a diagnosis based on arbitrary guidelines.

In Sri Lanka clinicians come across many patients presenting with '*dhat* syndrome'. However, on further exploration one of the common neurotic and depressive disorders can be recognised as the cause.

The belief that seminal fluid is precious is still largely prevalent. It is considered by many lay people that 100 drops of blood make one drop of semen. Buddhism, while discouraging promiscuity, does not proscribe sexual activity. However, the erroneous belief that all sexual activity is sinful is widespread among Buddhists. The anxiety regarding loss of semen may be related to this belief.

Dhat is also promoted by practitioners of alternative and complementary medicine. This is obvious in many advertisements appearing in the newspapers boasting different forms of cures for loss of semen.

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders* (4th edn) (DSM–IV). Washington, DC: APA.

Kuruppuarachchi, K. A. L. A. & Williams, S. S. (2001) Cross-cultural psychiatric interviews and research instruments (letter). *British Journal of Psychiatry*, **179**, 461.

Mumford, D. B. (1996) The 'Dhat syndrome': a culturally determined symptom of depression? *Acta Psychiatrica Scandinavica*, **94**, 163–167.

Sumathipala, A., Siribaddana, S. H. & Bhugra, D. (2004) Culture-bound syndromes: the story of *dhat* syndrome. *British Journal of Psychiatry*, **184**, 200–209.

World Health Organization (1992) *ICD–10 Classification of Mental and Behavioural Disorders*. Geneva: WHO.

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In their comprehensive review of *dhat*, Sumathipala and colleagues (2004) have made some interesting observations on the syndrome being culture-related rather than culture-bound. Their suggestion that the label 'culture-bound' may exclude such syndromes from mainstream psychiatric classifications and hamper their understanding is also pertinent. However, we believe there are certain issues beyond the label which are as yet unresolved. As mentioned in the review, such syndromes cut across diagnostic categories, and it may be particularly difficult to classify a high proportion of these cases, for example of 'pure' *dhat* (Chadda & Ahuja, 1990; Bhatia & Malik, 1991). The other problems with ubiquitous presentations such as *dhat*, which also have a great degree of cultural sanction, is the blurring of boundaries between normal and pathological that complicates the diagnostic process. The authors' contention that multi-axial classifications with due importance to cultural factors will obviate the necessity of such diagnoses has yet to be tested. For example, primary-care physicians are often the first port of call for most of these patients; how familiar can such doctors be expected to be with culturally sensitive diagnostic formulations? Diagnostic issues apart, the nature of treatment to be offered still remains uncertain, given that most do not seem to feel the need for any psychiatric treatment (Malhotra & Wig, 1975). High drop-out rates from psychiatric clinics also indicate dissatisfaction with whatever is done in terms of treatment or causal explanations (Chadda & Ahuja, 1990). Finally, the prediction that with industrialisation/urbanisation *dhat* will vanish from the East as it has done in the West might not turn out to be true. Instead, *dhat* might persist and be labelled differently, as has happened with neurasthenia and chronic fatigue syndrome. Both conditions have been considered medical illnesses, underlying stress being the presumed cause, acting either via depletion of nervous energy (neurasthenia) or via immune dysfunction (chronic fatigue). However, neurasthenia, a very common diagnosis at one time, is hardly encountered any more (Abbey & Garfinkel, 1991).

Thus, although incorporating 'culture-bound' syndromes in mainstream nosology seems to be an ideal solution for the future, abandoning such categories may be premature at present.

Abbey, S. E. & Garfinkel, P. E. (1991) Neurasthenia and chronic fatigue syndrome: the role of culture in the making of diagnosis. *American Journal of Psychiatry*, **148**, 1638–1646.

Bhatia, M. S. & Malik, S. C. (1991) *Dhat* syndrome. A useful diagnostic entity in Indian culture. *British Journal of Psychiatry*, **159**, 691–695.

Chadda, R. K. & Ahuja, N. (1990) *Dhat* syndrome: a sex neurosis of the Indian subcontinent. *British Journal of Psychiatry*, **156**, 577–579.

Malhotra, H. K. & Wig, N. N. (1975) Dhat syndrome: a culture bound sex neurosis of the orient. *Archives of Sexual Behaviour*, **4**, 519–528.

Sumathipala, A., Siribaddana, S. H. & Bhugra, D. (2004) Culture-bound syndromes: the story of *dhat* syndrome. *British Journal of Psychiatry*, **184**, 200–209.

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https://doi.org/10.1192/bjp.185.3.260-a Published online by Cambridge University Press